

Appendix 1

Medicaid-Allowable Procedure Codes, Modifiers, Type of Service Codes, and Place of Service Codes for Physician Anesthesia Services

Some procedure codes displayed within ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or call Provider Services regarding coverage of specific procedure and type of service (TOS) code combinations. The chart below is periodically revised. Refer to the other sections of the Physician Services Handbook for evaluation and management, laboratory, medicine, radiology, and surgery procedure codes.

Wisconsin Medicaid-Allowable Anesthesia Services		
Service	Procedure Codes	TOS
Surgery	10040-69999	7
Vascular procedures	36000-36248, 36488-36491, 36600-36660	2 (when anesthesia is not provided)
Invasive monitoring	36488, 36489, 36620, 93503	7
Radiology	70010-79999 (Anesthesia for radiology procedures is allowed only if the complexity of the procedure and the physical condition of the patient make it medically necessary.)	7
Medicine - psychiatry	90870, 90871	7
Medicine - ophthalmology	92018, 92019	7
Medicine - special otorhinolaryngologic services	92502	7
Medicine - cardiovascular	92950-92998, 93278-93660, 93724, 93731-93738, 93799, 93875-93990	7
Medicine - pulmonary	94799	7
Medicine - qualifying circumstances for anesthesia	99100-99140	7

Modifiers for the Medical Direction of Anesthetists			POS Codes		TOS Codes	
Service	Procedure Codes	Modifier	POS	Description	TOS	Description
Medically directing 1 certified registered nurse anesthetist (CRNA) or anesthesiologist assistant (AA)	10000-79999	W1	0	Other	2	Surgery
Medically directing 2 CRNAs/AAs	10000-79999	W2	1	Inpatient Hospital	7	Anesthesia
Medically directing 3 CRNAs/AAs	10000-79999	W3	2	Outpatient Hospital		
Medically directing 4 CRNAs/AAs	10000-79999	W4	3	Office		
			7	Nursing Home		
			8	Skilled Nursing Facility		
			B	Ambulatory Surgical Center		